

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHAMPTON NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>HWY 305 NORTH JACKSON, NC 27845</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (III) construction, one story, with a complete automatic sprinkler system.  At time of survey the: Total Certified Bed Count =80 Census = 62  The deficiencies determined during the survey are as follows:	K 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Tuesday 1/6/2015 at approximately 10:00 AM onward, the following deficiencies were noted:	K 025	This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of	1/7/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/15/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025	Continued From page 1 1) The smoke walls located on the 100 hall, have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. (side wall in attic above corridor) NFPA 101, 19.3.7.3 NFPA 101, 8.3.6.1	K 025	<p>the truth of the facts alleged or conclusions set fourth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.</p> <p>The smoke wall on the north hall has been sealed to maintain the required fire resistance rating of the smoke barrier by the Maintenance Supervisor on 1/7/15.</p> <p>The smoke walls in the East and West halls have been checked and are sealed to maintain the required fire resistance rating of the smoke barrier.</p> <p>The smoke walls on north, east and west halls will be monitored weekly for 3 weeks then monthly by the Maintenance Supervisor to ensure smoke walls are sealed utilizing a smoke wall QI monitoring tool. This will be evaluated monthly by the Administrator during our monthly QI meetings.</p>		